

APPENDIX B

AMENDED CLAIM FORM

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF CALIFORNIA
In re: Facebook, Inc. Consumer Privacy User Profile Litigation, Case No. 3:18-MD-02843-VC
Website URL

CLAIM FORM INSTRUCTIONS

This Claim Form is for Settlement Class Members. The Settlement Class includes the following: All Facebook users in the United States between May 24, 2007 and December 22, 2022. To receive a payment from the Settlement, you must complete and submit this form.

How To Complete This Claim Form

1. There are two ways to submit this Claim Form to the Settlement Administrator: (a) online at [INSERT Website URL]; or (b) by U.S. Mail to the following address: Facebook Consumer Privacy User Profile Litigation, c/o Settlement Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103. Your Claim Form must be submitted by [CLAIM SUBMISSION DEADLINE DATE]. If you submit your claim by U.S. mail, make sure the completed and signed Claim Form is postmarked by [CLAIM SUBMISSION DEADLINE DATE].
2. You must complete the entire Claim Form. Please type or write your responses legibly.
3. If your Claim Form is incomplete or missing information, the Settlement Administrator may contact you for additional information. If you do not respond by the deadline provided by the Settlement Administrator for you to supply any such additional information, your claim will not be processed, and you will waive your right to receive money under the Settlement.
4. You may only submit one Claim Form.
5. Submission of the Claim Form does not guarantee payment. Your Claim Form must be approved by the Settlement Administrator.
6. If you have any questions, please contact the Settlement Administrator by email at [INSERT EMAIL ADDRESS], by telephone at 1-XXX-XXX-XXXX, or by U.S. mail at the address listed above.
7. **You must notify the Settlement Administrator if your contact or payment information changes after you submit your Claim Form. If you do not, even if you submit a valid claim under the Settlement, you may not receive your Settlement payment.**
8. **DEADLINE** -- If you submit a claim by U.S. mail, the completed and signed Claim Form must be postmarked by [CLAIM SUBMISSION DEADLINE DATE]. If submitting a Claim Form online, you must do so by [CLAIM SUBMISSION DEADLINE DATE].

**Your claim must be
submitted online or
postmarked by:
Deadline Date**

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA**
In re: Facebook, Inc. Consumer Privacy User Profile Litigation
Case No. 3:18-MD-02843-VC
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FCP

Claim Form

I. YOUR CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this form. NOTE: The personal information you provide below will be processed only for purposes of effectuating the Settlement.

First Name

Last Name

Street Address

City

State

Zip Code

Current Phone Number

Email Address

II. DETAILS

Did you reside in the United States at any time between May 24, 2007 and December 22, 2022, inclusive?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you a Facebook user at any time between May 24, 2007 and December 22, 2022?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Enter the email address(es), phone number(s), and/or username(s) associated with your Facebook account between May 24, 2007 and December 22, 2022: Email(s): 1. _____ 2. _____ 3. _____	

Phone Number(s):

1. _____
2. _____
3. _____

Username(s):

This information can be found on the Facebook mobile application or the website by navigating to "Account" > "Settings and Privacy" > "General Account Settings" > "Username."

1. _____
2. _____
3. _____
4. _____
5. _____

IF YOU CURRENTLY HAVE A FACEBOOK ACCOUNT, YOU DO NOT NEED TO ANSWER THIS QUESTION AND CAN PROCEED TO SECTION III.

If you were a Facebook user at any time between May 24, 2007 and December 22, 2022, but have since deleted your account:

Provide the date range you were a Facebook user.

Enter dates as MM/YY (e.g., 01/10 for January 2010).

Start Date:

____/____
MM YY

End Date:

____/____
MM YY

III. METHOD FOR RECEIVING PAYMENT (choose one)

Please select **one** of the following payment options:

☐ **Prepaid Mastercard** – Enter the **email address** where you will receive the Prepaid Mastercard:

☐ **PayPal** - Enter your PayPal email address: _____

☐ **Venmo** - Enter the mobile number associated with your Venmo account: ____ - ____ - ____

☐ **Zelle** - Enter the **email address or mobile number** associated with your Zelle account:

☐ **Physical Check** - Payment will be mailed to the address provided above.

IV. VERIFICATION AND ATTESTATION UNDER OATH

By signing below and submitting this Claim Form, I hereby swear under penalty of perjury that I am the person identified above and the information provided in this Claim Form is true and correct.

Your signature

Date: _____
MM DD YYYY

Your name

REMINDER CHECKLIST

1. Please make sure you answered all the questions on the Claim Form. Be sure to select only **one** payment option.
2. Please make sure that you signed and dated the Claim Form.
3. Please keep a copy of your completed claim form for your own records.
4. Please submit your completed Claim Form online OR mail to: Facebook Consumer Privacy User Profile Litigation, c/o Settlement Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103